

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L95006 (7)

1. Corporation Name

SERGIO A. SOBREDO, JR., M.D., P.A.



Principal Place of Business

Mailing Address

P. O. BOX 788
SONORA TX 76950
US

CORRECTION

P. O. BOX 738
SONORA TX 76950
US

2. Principal Place of Business

2a. Mailing Address

21 1935 N. STATE RD. A1A

26 1935 N. STATE RD. A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 INDIANLANTIC FL

28 INDIANLANTIC FL

24 Zip

25 U.S.

29 32903

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOBREDO, SERGIO A. JR.
352 NORTHWEST 14TH PLACE
SUITE 28
CRYSTAL RIVER FL 34428

81 Name SERGIO A. SOBREDO JR., M.D.

82 Street Address (P.O. Box Number is Not Acceptable)

1935 N. STATE RD A1A

83

84 City INDIANLANTIC

FL

85 Zip Code 32903

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

S.A. SOBREDO, JR., M.D.
PRESIDENT 21 APR 96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SOBREDO, SERGIO A. JR.	
STREET ADDRESS	P. O. BOX 738/202 N. CONCHO AV.	
CITY - ST - ZIP	SONORA TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SERGIO A. SOBREDO JR. M.D.	
1.3 STREET ADDRESS	1935 N. STATE RD A1A	
1.4 CITY - ST - ZIP	INDIANLANTIC FL 32903	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S.A. SOBREDO JR., M.D.
PRESIDENT

21 APR 96

407-7774742

CR2E034 (12/95)